

## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail

*✓*  
**Mail Stop ISSUE FEE  
Commissioner for Patents  
P.O. Box 1450  
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(703) 746-4000**

or Fax

**INSTRUCTIONS:** This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 4 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

CURRENT CORRESPONDENCE ADDRESS (Note: Legibly mark-up with any corrections or use Block 1)

027765 7590 06/28/2004

NAIPO (NORTH AMERICA INTERNATIONAL PATENT  
OFFICE)  
P.O. BOX 506  
MERRIFIELD, VA 22116



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### Certificate of Mailing or Transmission

I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO, on the date indicated below.

	(Depositor's name)
	(Signature)
	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/604,457	07/22/2003	Chien-Fong Kuo	ACMP0091USA	1456

TITLE OF INVENTION: PROJECTOR AND METHOD FOR ASSEMBLY THEREOF

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1330	\$300	\$1630	09/28/2004

EXAMINER	ART UNIT	CLASS-SUBCLASS
BLACKMAN, ROCHELLE ANN J	2851	353-119000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  
 "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. **Use of a Customer Number is required.**

2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Winston Hsu  
 2 \_\_\_\_\_  
 3 \_\_\_\_\_

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

BenQ Corporation

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

No. 157, Shan-Ying Road, Gueishan, Tao-Yuan Hsien 333, Taiwan,  
R.O.C.

Please check the appropriate assignee category or categories (will not be printed on the patent);  individual  corporation or other private group entity  government

4a. The following fee(s) are enclosed:

4b. Payment of Fee(s):

- Issue Fee  
 Publication Fee  
 Advance Order - # of Copies \_\_\_\_\_

- A check in the amount of the fee(s) is enclosed.  
 Payment by credit card. Form PTO-2038 is attached.  
 The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 50-3105 (enclose an extra copy of this form).

Director for Patents is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.

(Authorized Signature)

(Date)

*Winston Hsu 9/16/2004*

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09/20/2004 SDIRETAZ 00000083 503105 10604457  
 01 FC:1501 1330.00 DA  
 02 FC:1504 300.00 DA



PTO/SB/21 (08-03)

Approved for use through 08/30/2003. OMB 0651-0031  
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## TRANSMITTAL FORM

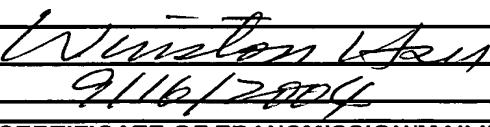
(to be used for all correspondence after initial filing)

Application Number	10/604,457
Filing Date	07/22/2003
First Named Inventor	Chien-Fong Kuo
Art Unit	2851
Examiner Name	BLACKMAN, ROCHELLE ANN J
Total Number of Pages in This Submission	3
	Attorney Docket Number
	ACMP0091USA

### ENCLOSURES (Check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <div style="border: 1px solid black; padding: 2px; margin-top: 5px;">Remarks</div>	<input type="checkbox"/> After Allowance communication to Technology Center (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please Identify below):
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### SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Winston Hsu, Reg. No.: 41,526
Signature	
Date	9/16/2004

### CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

Typed or printed name	
Signature	Date

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# FEE TRANSMITTAL for FY 2004

Effective 10/01/2003. Patent fees are subject to annual revision.

 Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ 1630.00)

## Complete if Known

Application Number	10/604,457
Filing Date	07/22/2003
First Named Inventor	Chien-Fong Kuo
Examiner Name	BLACKMAN, ROCHELLE ANN J
Art Unit	2851
Attorney Docket No.	ACMP0091USA

## METHOD OF PAYMENT (check all that apply)

 Check  Credit card  Money Order  Other  None
 Deposit Account:

Deposit Account Number 50-3105  
 Deposit Account Name North America Intellectual Property Corp.

The Director is authorized to: (check all that apply)

- Charge fee(s) indicated below  Credit any overpayments  
 Charge any additional fee(s) or any underpayment of fee(s)  
 Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

## FEE CALCULATION

## 1. BASIC FILING FEE

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	Fee Paid
1001 770	2001 385	Utility filing fee	
1002 340	2002 170	Design filing fee	
1003 530	2003 265	Plant filing fee	
1004 770	2004 385	Reissue filing fee	
1005 160	2005 80	Provisional filing fee	
SUBTOTAL (1)		(\$ 0.00)	

## 2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

Total Claims	Independent Claims	Multiple Dependent	Extra Claims	Fee from below	Fee Paid
			-20** =	X	=
			- 3** =	X	=

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description
1202 18	2202 9	Claims in excess of 20
1201 86	2201 43	Independent claims in excess of 3
1203 290	2203 145	Multiple dependent claim, if not paid
1204 86	2204 43	** Reissue independent claims over original patent
1205 18	2205 9	** Reissue claims in excess of 20 and over original patent
SUBTOTAL (2)		(\$ 0.00)

\*\*or number previously paid, if greater; For Reissues, see above

## 3. ADDITIONAL FEES

Large Entity Small Entity

Fee Code (\$)	Fee (\$)	Fee Code (\$)	Fee (\$)	Fee Description	Fee Paid
1051 130	2051 65	1053 130	1053 130	Surcharge - late filing fee or oath Non-English specification	
1052 50	2052 25	1812 2,520	1812 2,520	Surcharge - late provisional filing fee or cover sheet For filing a request for ex parte reexamination	
1804 920*	1804 920*	1805 1,840*	1805 1,840*	Requesting publication of SIR prior to Examiner action Requesting publication of SIR after Examiner action	
1251 110	2251 55	1252 420	2252 210	Extension for reply within first month Extension for reply within second month	
1253 950	2253 475	1254 1,480	2254 740	Extension for reply within third month Extension for reply within fourth month	
1255 2,010	2255 1,005	1401 330	2401 165	Extension for reply within fifth month Notice of Appeal	
1402 330	2402 165	1403 290	2403 145	Filing a brief in support of an appeal Request for oral hearing	
1451 1,510	1451 1,510	1452 110	2452 55	Petition to institute a public use proceeding Petition to revive - unavoidable	
1453 1,330	2453 665	1501 1,330	2501 665	Petition to revive - unintentional Utility issue fee (or reissue)	1630
1502 480	2502 240	1503 640	2503 320	Design issue fee Plant issue fee	
1460 130	1460 130	1807 50	1807 50	Petitions to the Commissioner Processing fee under 37 CFR 1.17(q)	
1806 180	1806 180	8021 40	8021 40	Submission of Information Disclosure Stmt Recording each patent assignment per property (times number of properties)	
1809 770	2809 385	1810 770	2810 385	Filing a submission after final rejection (37 CFR 1.129(a)) For each additional invention to be examined (37 CFR 1.129(b))	
1801 770	2801 385	1802 900	1802 900	Request for Continued Examination (RCE) Request for expedited examination of a design application	

Other fee (specify) \_\_\_\_\_

\*Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (\$ 1630.00)

(Complete if applicable)

## SUBMITTED BY

Name (Print/Type)	Winston Hsu	Registration No. (Attorney/Agent)	41,526	Telephone	886289237350
Signature			Date	9/11/2004	

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

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